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TO: Sharon Payne, USPTO Examiner FAX #: 1-703-872-9318
 FROM: Michael Shippey, registered patent agent PAGE 1 of 2 PAGE(S)
 DATE: Tuesday, August 26, 2003 (Including This Cover Page)

RE:Proposed response to Office Action on Application No. 10/081,986

Dear Ms. Payne,

Please find attached a copy of a Power of Attorney designating me as agent for the Applicant on his patent application No. 10/081,986. I would like to discuss with you a few formal items on your official communication on this application. I will call you tomorrow. Thank you.

Regards, Michael Shippey

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PTO/SB/91 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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Application Number	10/081, 986
Filing Date	
First Named Inventor	PUTALLAZ, David
Title	Shoulder Mount for Flashlight
Group Art Unit	
Examiner Name	
Attorney Docket Number	104.01-P-USA

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).

SIGNATURE of Applicant or Assignee of Record

Sign here



Name David PUTALLAZ

Signature

Date 8/20/2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 2 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.